Fill in this info	ormation to i	dentify your case	and this filing:		
Debtor 1	Nikki	N.	Crosby		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ran	kruptcy Court for	r the: SOUTHERN D	IST. OF MISSISSIPPI		
	Kruptcy Court to	ule. <u>300111ERN D</u>	IOT. OF IMIOOIOON FT		
Case number (if known)				_	if this is an ed filing
Official Form	106A/B				
Schedule A/I	B: Property	V			12/15
Part 1: Des 1. Do you own o No. Go to	On the top of a cribe Each R r have any lega Part 2.	ny additional pages, Residence, Buildir I or equitable interest	ng correct information. If more write your name and case numbers, Land, or Other Real Es in any residence, building, land	per (if known). Answer ever	ry question.
_	ere is the propert				
			of your entries from Part 1, incliite that number here		\$0.00
				·	
Part 2: Des	cribe Your V	ehicles			
you own that somed	ne else drives.		n any vehicles, whether they are also report it on Schedule G: Exec motorcycles		
□ No ✓ Yes					
3.1. Make: Model:	Nissan Pathfinder	Check one	an interest in the property? e. r 1 only	Do not deduct secured clair amount of any secured clair Creditors Who Have Claims	ms on Schedule D:
Year:	1999		r 2 only	Current value of the	Current value of the
			r 1 and Debtor 2 only	entire property?	portion you own?
Approximate mileag Other information:	e	At lea	st one of the debtors and another	\$2,380.00	\$2,380.00
1999 Nissan Patl	nfinder	—	k if this is community property		
3.2.		,	an interest in the property?	Do not deduct secured clair	ms or exemptions. Put the
Make:	Saturn	Check one		amount of any secured clai	ms on Schedule D:
Model:	Vue		r 1 only	Creditors Who Have Claims	
Year:	2008	ш	r 2 only r 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Approximate mileag	e:		st one of the debtors and another	\$7,177.50	\$7,177.50
Other information:				Ţ-,····	<u> </u>
2008 Saturn Vue		<u> </u>	k if this is community property nstructions)		

16-51284-KMS Dkt 4 Filed 07/29/16 Entered 07/29/16 13:59:43 Page 2 of 59

Deb	tor 1	likki	N.	Crosby	Case number (if known)	
	F	irst Name	Middle Name	Last Name		
4.			•		cles, other vehicles, and accessories snowmobiles, motorcycle accessories	
	✓ No ☐ Yes					
5.				n for all of your entries frontries frontries frontries. Write that number h	om Part 2, including any ere →	\$9,557.50
P	art 3:	Describe	Your Personal an	d Household Items	'	
Do	you own o	r have any l	egal or equitable inte	rest in any of the followin	g items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		_	d furnishings iances, furniture, linen	s, china, kitchenware		
	□ No ☑ Yes.	Describe	See continuation	page(s).		\$2,200.00
7.		: Televisions			ipment; computers, printers, scanners; cameras, media players, games	
	✓ No ☐ Yes.	Describe				
8.				, prints, or other artwork; bo ections; other collections, r	ooks, pictures, or other art objects; nemorabilia, collectibles	
	✓ No ☐ Yes.	Describe				
9.		s: Sports, pho		nd other hobby equipment; ols; musical instruments	bicycles, pool tables, golf clubs, skis;	
	✓ No ☐ Yes.	Describe				
10.	Firearms Examples		es, shotguns, ammuni	ion, and related equipment		
	✓ No ☐ Yes.	Describe				
11.	•	s: Everyday o	clothes, furs, leather co	pats, designer wear, shoes,	accessories	
	□ No ☑ Yes.	Describe	Clothing and pers	onal items		\$200.00
12.	·	s: Everyday j gold, silver	•	y, engagement rings, wedd	ling rings, heirloom jewelry, watches, gems,	
	✓ No ☐ Yes.	Describe				
13.			, birds, horses			
	✓ No ☐ Yes.	Describe				

Deb	tor 1	Nikki	N.	Crosby	Case number (if known)	
		First Name	Middle Name	Last Name		
14.	Any oth	•	nousehold items	you did not already list, in	ncluding any health aids you	
	√ No					
	_	s. Give specific				
		ormation				
15	Add the	a dallar valua of al	l of your optrion	from Bort 2 including on	, antring for pages you have	
13.					entries for pages you have	\$2,400.00
		_			-	
Pa	art 4:	Describe You	ur Financial A	ssets		
						Current value of the
Do	ou own	ı or have any legal	or equitable into	erest in any of the followir	ng?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash					
		les: Money you hav petition	ve in your wallet, i	n your home, in a safe depo	osit box, and on hand when you file your	
	☐ No					
	✓ Yes	3			Cash:	. \$10.00
17.	Deposi	ts of money				
	•	les: Checking, savi	ses, and other sir		of deposit; shares in credit unions, e multiple accounts with the same	
	□ No					
		3	Institu	ution name:		
	_	.1. Checking acc	count: CSF	CU Checking account		\$10.00
		J				Ψ10.00
18.		, mutual funds, or les: Bond funds, inv		stocks ts with brokerage firms, mo	ney market accounts	
	√ No	,			.,	
		S	Institution or iss	suer name:		
19.	_				orporated businesses, including	
	-	rest in an LLC, par		-	,	
	☑ No					
		s. Give specific				
		ormation about	Name of a city		0/ -/	
	tne	m	Name of entity:		% of ownership:	
20.	Negotia	able instruments inc	lude personal ch	·	gotiable instruments nissory notes, and money orders. by signing or delivering them.	
	☑ No					
		s. Give specific				
		ormation about				
	the	m	Issuer name:			
21.		nent or pension ac les: Interests in IRA profit-sharing p	A, ERISA, Keogh,	401(k), 403(b), thrift saving	s accounts, or other pension or	
	√ No					
	Yes	s. List each	Type of access	Inglitution		
	acc	count separately.	Type of account:	Institution name:		

Deb	tor 1	Nikki	N.	Crosby	Case number (if known)		
		First Name	Middle Name	Last Name			
22.	Your s Exam		eposits you have n		nue service or use from a company tric, gas, water), telecommunications		
	☑ N						
	_	'es		Institution name or individ			
23.	Annu ✓ N	•	a specific periodic	payment of money to you,	either for life or for a number of years	;)	
	_	'es	Issuer name and	description:			
24.		ests in an education S.C. §§ 530(b)(1), 52			gram, or under a qualified state tui	tion program.	
	☑ N		Institution name	and description. Separately	y file the records of any interests. 11	U.S.C. § 521	(c)
25.	_				listed in line 1), and rights or	0.0.0. 3 02 11	,σ)
		ers exercisable for ye		, , ,	,, ,		
	_	lo ′es. Give specific nformation about them	1				
26.			•	rets, and other intellectual proceeds from royalties ar			
	_	lo 'es. Give specific nformation about then	n				
27.		nses, franchises, and apples: Building permit	-	•	nholdings, liquor licenses, profession	al licenses	
		lo 'es. Give specific nformation about them	1				
Mor	ney or	property owed to yo	ou?			portio Do no	ent value of the on you own? ot deduct secured s or exemptions.
28.	Tax r	efunds owed to you					
	☑ N	lo					
	\square Y	es. Give specific info				Federal:	\$0.00
		bout them, including on already filed the re				State:	\$0.00
	•	and the tax years				Local:	\$0.00
29.	Famil	ly support					
		•	np sum alimony, sp	oousal support, child suppo	rt, maintenance, divorce settlement,	property settle	ment
		lo ′es. Give specific info	ormation		Alimony:		\$0.00
	_				Maintenanc	e:	\$0.00
					Support:		\$0.00
					Divorce sett	tlement:	\$0.00
					Property set	ttlement:	\$0.00

Deb	tor 1 Nikki	N.	Crosby	Case number (if known)	
	First Name	Middle Name	Last Name		
30.		es, disability insuran	nce payments, disability be nenefits; unpaid loans you	enefits, sick pay, vacation pay, workers' made to someone else	
	✓ No ☐ Yes. Give specific i	nformation			
31.	Interests in insurance Examples: Health, disal		ce; health savings accour	at (HSA); credit, homeowner's, or renter's insu	rance
	✓ No Yes. Name the insucompany of each poand list its value	licy	name:	Beneficiary:	Surrender or refund value:
32.		of a living trust, ex		lied insurance policy, or are currently	
	✓ No✓ Yes. Give specific i	nformation			
33.			not you have filed a laws s, insurance claims, or rig	suit or made a demand for payment hts to sue	
	✓ No✓ Yes. Describe each	claim			
34.	Other contingent and u	ınliquidated claims	of every nature, includ	ing counterclaims of the debtor and	
	✓ No ☐ Yes. Describe each	claim			
35.	Any financial assets yo	ou did not already	list		
	✓ No ☐ Yes. Give specific i	nformation			
36.				ny entries for pages you have	\$20.00
Pa	ort 5: Describe Any	/ Business-Rela	ated Property You C	Own or Have an Interest In. List an	y real estate in Part 1.
37.	Do you own or have ar	y legal or equitabl	e interest in any busine	ss-related property?	
	No. Go to Part 6. Yes. Go to line 38.				
					Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accounts receivable of	commissions you	ı already earned		ciains of exemptions.
	✓ No ✓ Yes. Describe				
39.			ftware, modems, printers,	copiers, fax machines, rugs, telephones,	
	✓ No ☐ Yes. Describe				
40.	Machinery, fixtures, eq	uipment, supplies	you use in business, an	nd tools of your trade	
	✓ No Yes. Describe				

Deb	tor 1	Nikki	N.	Crosby	Case number (if known)	
		First Name	Middle Name	Last Name		
41.	Invento	ory				
	√ No					
	<u> </u>	s. Describe				
	_					
42.	Interes	ts in partnership	s or joint ventures			
	☑ No					
		s. Describe N	Name of entity:		% of ownership:	
43	Custon	ner lists, mailing	lists, or other comp	ilations		
		ioi iioio, iiiaiiiig	, 11010, 01 011101 00111p	nationo		
	☑ No	_				
	☐ Yes		include personally id	lentifiable information (as defined in 11 U.S.C. § 101(41A))?	
		□ No				
		Yes. Des	cribe			
44.	Any bu	siness-related p	roperty you did not a	already list		
	√ No					
	<u> </u>	s. Give specific i	nformation.			
	_					
45.				om Part 5, including any	entries for pages you have	\$0.00
	attachie	eu ioi Fait 3. Wi	ite tilat number nere		7	·
P:	art 6:	Describe Any	/ Farm- and Com	mercial Fishing-Re	lated Property You Own or Have a	n Interest In
				farmland, list it in Pa		ii iiitorost iii.
				·		
46.	Do you	own or have an	y legal or equitable i	nterest in any farm- or	commercial fishing-related property?	
	N-	Ca ta Dart 7				
		Go to Part 7.				
	⊔ те	s. Go to line 47.				
						Current value of the
						portion you own?
						Do not deduct secured
	_					claims or exemptions.
47.	Farm a		oultry, farm-raised fish			
		es. Livestock, po	Julity, faith-faiseu fish			
	✓ No ☐ Yes					
		····				-
48.	Crops-	either growing	or harvested			
	√ No					
	ست	s. Give specific				
		ormation				
49.	Farm a	nd fishing equip	ment, implements, n	nachinery, fixtures, and	tools of trade	
		0	, .	•		
	✓ No					
	☐ Yes	····				
50.	Farm a	nd fishing supp	lies, chemicals, and t	feed		
	√ No					
	☐ Yes	S				
	_					
51.	Any far	m- and commer	cial fishing-related p	roperty you did not alre	ady list	
	☑ No					
	_	s. Give specific				
	_	ormation				
52.			all of your entries fro	om Part 6, including any	y entries for pages you have	\$0.00

Debt	tor 1	Nikki N. First Name Middle Name		Crosby Case number		umber (if known) _			
Pa	art 7:	Describe All	Property You Ow	n or Have an Intere	est in That You I	Did Not List Ab	ove		
53.	-	•	operty of any kind you kets, country club memb	-					
	✓ No	o es. Give specific	information.				•		
54.	Add th	ne dollar value o	of all of your entries fro	m Part 7. Write that nu	ımber here		. →		\$0.00
Pa	art 8:	List the Tota	als of Each Part of	this Form					
55.	Part 1:	: Total real esta	te, line 2				→		\$0.00
56.	Part 2	: Total vehicles,	line 5		\$9,557.50				
57.	Part 3	: Total personal	and household items,	line 15	\$2,400.00				
58.	Part 4	: Total financial	assets, line 36	_	\$20.00				
59.	Part 5	: Total business	s-related property, line	45	\$0.00				
60.	Part 6	: Total farm- and	d fishing-related prope	rty, line 52	\$0.00				
61.	Part 7	: Total other pro	operty not listed, line 54	4 +	\$0.00				
62.	Total p	personal proper	ty. Add lines 56 through	gh 61	\$11,977.50	Copy personal property total	→ .	-	\$11,977.50
63	Total o	of all property o	n Schedule A/B. Add	1 line 55 + line 62			ſ		\$11.977.50

16-51284-KMS Dkt 4 Filed 07/29/16 Entered 07/29/16 13:59:43 Page 8 of 59

Debtor 1	Nikki	N.	Crosby	Case number (if known)	
	First Name	Middle Name	Last Name	· · · · · · · · · · · · · · · · · · ·	
6. Hous	ehold goods and	furnishings (details):			
Furn	ishings supplie		\$2,000.00		
Pers	onal property				\$200.00

Debtor 1	Nikki	N.	Crosby			
Debtor 2	First Name	Middle Name	e Last Name			
(Spouse, if filing)	First Name	Middle Name	e Last Name			
United States Ba	nkruptcy Court fo	or the: SOUTHE	RN DIST. OF MISS	ISSI	PPI	☐ Check if this is an
Case number (if known)						amended filing
Official Form	106C					
Schedule C	: The Prop	erty You Cl	aim as Exemp	ot		04
Using the property	you listed on Scill out and attach	thedule A/B: Prope to this page as m	erty (Official Form 106	6A/B)	as your source, list th	esponsible for supplying correct informati e property that you claim as exempt. If m ssary. On the top of any additional page:
s to state a speci exempted up to the eceive certain be exemption of 100	ific dollar amour he amount of an enefits, and tax-e % of fair market	nt as exempt. All y applicable stat exempt retiremer value under a la	ternatively, you may utory limit. Some ex nt fundsmay be unl w that limits the exe	clair emp imite mpti	n the full fair market tionssuch as those d in dollar amount. h	you claim. One way of doing so value of the property being for health aids, rights to dowever, if you claim an ar amount and the value of the le statutory amount.
Part 1: Ide	entify the Pro	perty You Cla	im as Exempt			
. Which set of	exemptions are	you claiming?	Check one only,	even	if your spouse is filing	with you.
You are	claiming state an	nd federal nonban	kruptcy exemptions. J.S.C. § 522(b)(2)			,
2. For any prop	erty you list on	Schedule A/B th	at you claim as exer	npt, f	ill in the information	below.
Brief description Schedule A/B that					ount of the mption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B		ck only one box for h exemption	
Brief description:			\$2,380.00	V	\$2,380.00	Miss. Code Ann. § 85-3-1(a)
1999 Nissan Pa i ∟ine from <i>Schedul</i>		-			100% of fair market value, up to any applicable statutory limit	
Brief description:			\$7,177.50	$\overline{\mathbf{V}}$	\$0.00	Miss. Code Ann. § 85-3-1(a)
2008 Saturn Vu e ∟ine from <i>Schedul</i> e		-			100% of fair market value, up to any applicable statutory limit	
Are you eleir	ning a homestea	ad exemption of	more than \$160,375?	?		
-	ljustment on 4/01	I/19 and every 3 y	ears after that for cas	es fil	ed on or after the date	of adjustment.)

Debtor 1	Nikki	N.	Crosby		Case number	r (if known)
	First Name	Middle Name	Last Name			
Part 2:	Additional	Page				
	cription of the pro A/B that lists this		Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
			Copy the value from Schedule A/B		eck only one box for h exemption	
Brief desci Furnishin	ription: ngs supplies an	d appliances	\$2,000.00		\$2,000.00 100% of fair market value, up to any	Miss. Code Ann. § 85-3-1(a)
Line from	Schedule A/B:	6			applicable statutory	
Brief descr	ription:		\$200.00	V	\$200.00	Miss. Code Ann. § 85-3-1(a)
		6		Ц	100% of fair market value, up to any applicable statutory limit	
Brief descr Clothing	ription: and personal ite	ems	\$200.00	V	\$200.00 100% of fair market	Miss. Code Ann. § 85-3-1(a)
Line from	Schedule A/B:	<u>11 </u>			value, up to any applicable statutory limit	
Brief desci	ription:		\$10.00	☑	\$10.00 100% of fair market	Miss. Code Ann. § 85-3-1(a)
Line from	Schedule A/B:	16		_	value, up to any applicable statutory limit	

Ellin dele inf		· · · · · · · · · · · · · · · · · · ·				
Debtor 1	ormation to identi Nikki	ry your case:	Crosby			
		Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	SOUTHERN DIST	OF MISSISSIPPI			
Case number					— • • • • • • • • • • • • • • • • • • •	
(if known)					Check if this is amended filing	
Official Form	106D					
-		Lava Claim	s Sooured by	Proporty		12/15
Schedule D.	Creditors Who	nave Claim	s Secured by	Property		12/15
correct informatio On the top of any 1. Do any credit □ No. Che □ Yes. Fill Part 1: Lis 2. List all securciaim, list the creditor has a	nd accurate as possible. If more space is ne additional pages, write tors have claims secured this box and submit in all of the information the All Secured Claim and Claims. If a creditor creditor separately for exparticular claim, list the lible, list the claims in all e.	reded, copy the Adde your name and careed by your propert this form to the court below. The same than one ach claim. If more to other creditors in Parents and cape	ditional Page, fill it on the seen number (if known seen number (if known seen number schein seecured secured han one art 2. As	out, number the entri n).	es, and attach it to thi	s form.
2.1		Describe the pro		\$8,809.87	\$7,177.50	\$1,632.37
Central Sunbelt	Federal Credit Unio	secures the clair 2008 Saturn Vi				
Creditor's name 1506 Congress S Number Street	Street #3					
Laurel	MS 39442	As of the date you Contingent Unliquidated	ou file, the claim is:	Check all that apply.		
City	State ZIP Code	Disputed				
Who owes the dek Debtor 1 only	of? Check one.		Check all that apply.			
Debtor 2 only		_	it you made (such as (such as tax lien, m	mortgage or secured	car ioan)	
Debtor 1 and D		Judgment lier	n from a lawsuit			
At least one of	the debtors and anothe	T Other (includi	ing a right to offset)			
Check if this of to a community		Automobile	•			
Date debt was inc	urred	Last 4 digits of a	ccount number	8 4 2 7		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$8,809.87

Debtor 1	Nikki	N.	Crosby	Case number (if known)				
	First Name	Middle Na	me Last Name		· ·			
Part 1:	5	_	this page, number them ous page.	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any		
Creditor's na 2305 Hwy	pan of Laurel me y 15 North Street		Describe the property that secures the claim: Personal property	\$2,889.01	\$200.00	\$2,689.01		
Laurel MS 39440 City State ZIP Code Who owes the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt		ZIP Code ck one. only ors and another	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) NPM account					
Date debt	was incurred		Last 4 digits of account number					

Add the dollar value of your entries in Column A on this page. Write that number here:

\$2,889.01

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$11,698.88

Fill in this information to identify your case:							
Debtor 1	Nikki First Name	N. Middle Name	Crosby Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
United States Ba	United States Bankruptcy Court for the: SOUTHERN DIST. OF MISSISSIPPI						
Case number (if known)					Check if this is an amended filing		

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1.	Do any creditors	have priority	unsecured (claims against	you?

No. Go to Part 2

Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

ct	ion booklet.		
	Total claim	Priority	Nonpriority
		amount	amount

Debtor 1	Nikki	N.	Crosby	Case number (if known)
	First Name	Middle Name	Last Name	
Don't Or	Lint All of	V NONDDIODIT	V I I	
Part 2:	LIST All Of	Your NONPRIORIT	Y Unsecured Ciai	ms
3. Do an	y creditors have	nonpriority unsecured	claims against you?	
ΠN	lo. You have notl	ning to report in this part	Submit this form to th	e court with you other schedules.
☑ Y	'es			
4. List al	I of your nonpri	ority unsecured claims	in the alphabetical or	der of the creditor who holds each claim.
		•	•	ditor separately for each claim. For each claim listed, identify what
		•		than one creditor holds a particular claim, list the other creditors in
Pail 3.	. Il more space is	s needed for nonphonity (insecured ciaims, iii ot	ut the Continuation Page of Part 2.
				Total claim
4.1				\$312.28
Belk Nonpriority Cu	reditor's Name		_ Last 4 digits of acc	
P.O. Box			When was the debt	
Number	Street			ile, the claim is: Check all that apply.
			Contingent ✓ Unliquidated	
		OA 20252	Disputed	
Atlanta City		GA 30353 State ZIP Code	Type of NONPRIOR	ITY unsecured claim:
		Check one.	Student loans	Ti i diboodi od oldini.
✓ Debtor Debtor	•			ng out of a separation agreement or divorce
ш	1 and Debtor 2 o	nly	•	report as priority claims
ш	t one of the debto	•	Other. Specify	n or profit-sharing plans, and other similar debts
☐ Check	if this claim is fo	or a community debt	Credit Card	
Is the clain	n subject to offse	et?		
☑ No				
Yes				
4.2				\$1,288.00
Capital O	ne		Last 4 digits of acc	punt number 4 1 9 6
Nonpriority Co	reditor's Name		When was the debt	incurred?
	Street		As of the date you f	ile, the claim is: Check all that apply.
			_ Contingent	
			Unliquidated Disputed	
Salt Lake		UT 84130		
City Who incurr		State ZIP Code Check one.	**	ITY unsecured claim:
☑ Debtor			Student loans Obligations arisi	ng out of a separation agreement or divorce
Debtor	•	als.		report as priority claims
	1 and Debtor 2 o t one of the debto			or profit-sharing plans, and other similar debts
_		or a community debt	Other. Specify Credit Card	
_	n subject to offs		Credit Card	
✓ No	242,000 10 0113			
Yes				

Debtor 1	Nikki	N.	Crosby	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	Vour NON	IDDIODITY Unsoci	ured Claims Conti	nuation Page	
rait 2.	Tour NON	FRIORITI Olisect	died Cialilis Coliti	iluation rage	
After listing		this page, number th	em sequentially from the	•	Total claim
previous	baye.				
4.3					\$1,593.72
Central S	Sunbelt Federal	Credit Union	Last 4 digits of acco	unt number <u>4 2 7 7</u>	
	Creditor's Name	3	When was the debt i		
Number	ngress Street # Street	<u>ა</u>	As of the date you file	le, the claim is: Check all that apply.	
			Contingent		
			Unliquidated		
Laurel		MS 39442	Disputed		
City		State ZIP Code	Type of NONPRIORI	TY unsecured claim:	
	rred the debt?	Check one.	☐ Student loans		
<u> </u>	r 1 only		—	g out of a separation agreement or divorce	
ш	r 2 only r 1 and Debtor 2 c	noly	that you did not re	eport as priority claims	
	st one of the debto	•	— —	or profit-sharing plans, and other similar debts	
ш		or a community debt	Other. Specify Signature loan		
_	m subject to offs	•	Signature Ioan		
✓ No	in subject to ons	iot:			
Yes					
4.4					\$174.00
	Sunbelt Federal	Credit Union	Last 4 digits of acco	unt number	
_ ' _ '	Creditor's Name ngress Street #	3	When was the debt i	ncurred?	
Number	Street	<u> </u>	As of the date you fi	e, the claim is: Check all that apply.	
			Contingent		
			Unliquidated		
Laurel		MS 39442	Disputed		
City		State ZIP Code	Type of NONPRIORI	ΓY unsecured claim:	
	red the debt?	Check one.	☐ Student loans		
ك	r 1 only r 2 only			g out of a separation agreement or divorce	
_	r 1 and Debtor 2 c	only	•	eport as priority claims	
_	st one of the debto	•	=	or profit-sharing plans, and other similar debts	
Check	cif this claim is f	or a community debt	✓ Other. Specify Loan		
_	m subject to offs				
☑ No	-				
Yes					

Debtor 1	Nikki	N.	Crosby	Case number (if known)				
	First Name	Middle Name	Last Name	· /				
Part 2:	Your NON	PRIORITY Unse	cured Claims Conti	nuation Page				
After listing	g any entries on	this page, number	them sequentially from the		Total claim			
previous p	age.				Total Claim			
4.5					\$130.00			
Credit Col	llection Servic	es	Last 4 digits of acco	unt number	<u> </u>			
	editor's Name		When was the debt in	ncurred?				
	Street		As of the date you fil	e, the claim is: Check all that apply.				
			Contingent					
			Unliquidated					
Norwood		MA 02062	Disputed					
City		State ZIP Code	Type of NONPRIORI	ΓΥ unsecured claim:				
— B.1	ed the debt?	Check one.	☐ Student loans					
✓ Debtor Debtor	•		Obligations arisin	g out of a separation agreement or divorce				
	2 only 1 and Debtor 2 c	nlv	•	port as priority claims				
	one of the debte	•	=	Debts to pension or profit-sharing plans, and other similar debts				
_	if this claim is f	or a community deb	Other. Specify Collection for N	Collection for Nationwide				
_	n subject to offs		Concention for i	audinimuc				
✓ No								
Yes								
4.6					\$1,409.00			
Credit Firs			Last 4 digits of acco	unt number <u>3</u> <u>1</u> <u>6</u> <u>4</u>				
Nonpriority Cr	reditor's Name		When was the debt in	ncurred?				
	Street		As of the date you fil	e, the claim is: Check all that apply.				
			Contingent					
			✓ Unliquidated					
Cleveland	I	OH 44188	Disputed					
City		State ZIP Code	Type of NONPRIORI	ΓY unsecured claim:				
— B.1	ed the debt?	Check one.	Student loans					
✓ Debtor Debtor	•		Obligations arisin	g out of a separation agreement or divorce				
ш	2 only 1 and Debtor 2 c	nnly		port as priority claims				
_	one of the debte	•	=	or profit-sharing plans, and other similar debts				
_		or a community deb	Other. Specify Credit Card					
_	n subject to offs		Oreun Caru					
No No		•••						
Yes								

Debtor 1	Nikki	N.	Crosby	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	Your NO	NPRIORITY Unsec	ured Claims Conti	nuation Page	
After listin	ng any entries o	n this page, number th	em sequentially from the	e	Total dalam
previous	page.				Total claim
4.7					\$2,246.15
CSpire			Last 4 digits of acco	ount number 7 0 4 8	<u> </u>
	Creditor's Name		When was the debt		
PO Box 5					
Number	Street		Contingent	le, the claim is: Check all that apply.	
			Unliquidated		
			— ☐ Disputed		
Meadville	e	MS 39653 State ZIP Code	_		
City Who incur	rred the debt?	Check one.	• •	TY unsecured claim:	
	r 1 only	oncon onc.	Student loans		
ب	r 2 only			ng out of a separation agreement or divorce eport as priority claims	
Debto	r 1 and Debtor 2	only	•	or profit-sharing plans, and other similar debts	
At leas	st one of the deb	tors and another	Other. Specify	or profit straining plane, and other similar debte	
☐ Check	c if this claim is	for a community debt	Services		
Is the clai	m subject to off	set?			
√ No	-				
Yes					
4.0					
4.8					\$3,527.42
	ered Account		Last 4 digits of acco	ount number <u>4 1 1 6</u>	
P.O. Box	Creditor's Name		When was the debt i	incurred?	
Number	Street		As of the date you fi	le, the claim is: Check all that apply.	
			Contingent		
			✓ Unliquidated		
Carol Str	eam	IL 60197	Disputed		
City	<u> </u>	State ZIP Code	Type of NONPRIORI	TY unsecured claim:	
Who incu	rred the debt?	Check one.	☐ Student loans		
ك	r 1 only			g out of a separation agreement or divorce	
	r 2 only	only	that you did not re	eport as priority claims	
	r 1 and Debtor 2	only tors and another		or profit-sharing plans, and other similar debts	
_			Other. Specify		
		for a community debt	Credit Card		
	m subject to off	set?			
☑ No					
☐ Yes					

Debtor 1	Nikki	N.		Crosby	Case number (if known)	
	First Name	Midd	le Name	Last Name		
Part 2:	Your NO	NPRIORIT	Y Unsecure	d Claims Con	itinuation Page	
After listin	ng any entries o	on this page,	number them	sequentially from t	the	Total alaim
previous	page.					Total claim
4.9						\$1,294.65
Fingerhu	ıt			Last 4 digits of acc	count number 6 8 1 2	
	Creditor's Name			When was the deb	ot incurred?	
Number	gewood Rd. Street			As of the date you	file, the claim is: Check all that apply.	
ramboi	Circot			☐ Contingent	me, and claim for chook an area apply.	
				✓ Unliquidated		
0:40		1411 50		Disputed		
Saint Clo	oud		2 Code		DITY delain	
-	rred the debt?	Check one			RITY unsecured claim:	
⊘ Debto	r 1 only			Student loans	aing out of a congretion agreement or diverse	
_	r 2 only				sing out of a separation agreement or divorce treport as priority claims	
	r 1 and Debtor 2	•		•	on or profit-sharing plans, and other similar debts	
☐ At leas	st one of the deb	otors and ano	ther	Other. Specify		
☐ Check	c if this claim is	for a comm	unity debt	Credit Card		
Is the clai	m subject to of	fset?				
☑ No						
☐ Yes						
4.10						
4.10						<u>\$191.00</u>
	urg Clinic			Last 4 digits of acc	count number	
415 S 28	Creditor's Name th Ave			When was the deb	t incurred?	
Number	Street			As of the date you	file, the claim is: Check all that apply.	
				Contingent		
				Unliquidated		
Hattiesb	ura	MS 39	401	Disputed		
City	y		Code	Type of NONPRIO	RITY unsecured claim:	
	rred the debt?	Check one		Student loans		
≌ 5	r 1 only			Obligations aris	sing out of a separation agreement or divorce	
	r 2 only r 1 and Debtor 2	only		that you did not	t report as priority claims	
=	st one of the deb		ther	<u> </u>	on or profit-sharing plans, and other similar debts	
<u> </u>				Other. Specify		
_	c if this claim is		unity debt	Medical acco	punt	
	m subject to of	rset?				
✓ No ☐ Yes						
Yes						

Debtor 1	Nikki	N.	Crosby	Case number (if known)	
	First Name	Middle Name	Last Name	· ,	
D 10	- v No.	IDDIADITY II	1011 0 4		
Part 2:	Your NON	IPRIORITY Unsec	ured Claims Conti	nuation Page	
After listing	•	n this page, number th	em sequentially from the	•	Total claim
	J 3				
4.11					\$2,753.00
JC Penny			Last 4 digits of acco	unt number <u>2 6 7 1</u>	
P.O. Box	Creditor's Name		When was the debt i	ncurred?	
Number	Street		As of the date you fi	le, the claim is: Check all that apply.	
			Contingent		
Orlando		FL 32896	Disputed		
City		State ZIP Code	Type of NONPRIORI	TY unsecured claim:	
	rred the debt? r 1 only	Check one.	Student loans		
	r 2 only			g out of a separation agreement or divorce	
	r 1 and Debtor 2 o	only	•	eport as priority claims or profit-sharing plans, and other similar debts	
	st one of the debt	ors and another	Other. Specify	or profit-straining plants, and other similar debts	
☐ Check	c if this claim is f	or a community debt	Credit Card		
Is the clai	m subject to offs	set?			
☑ No					
Yes					
4.12					
					\$306.06
Lowes Nonpriority (Creditor's Name		Last 4 digits of acco	 	
P.O. Box			When was the debt i		
Number	Street		<u> </u>	le, the claim is: Check all that apply.	
			☐ Contingent ☐ Unliquidated		
			✓ Unliquidated ✓ Disputed		
Orlando		FL 32896	_ _ _		
City Who incur	rred the debt?	State ZIP Code Check one.		TY unsecured claim:	
	r 1 only	Chook one.	Student loans		
	r 2 only			g out of a separation agreement or divorce	
	r 1 and Debtor 2 of	•	•	or profit-sharing plans, and other similar debts	
_	st one of the debt		Other. Specify		
☐ Check	c if this claim is f	or a community debt	Credit Card		
Is the clai	m subject to offs	set?			
☑ No					
☐ Yes					

Debtor 1	Nikki	N	l.	Crosby	Case number (if known)	
	First Name	N	liddle Name	Last Name		
5 46	- No					
Part 2:	Your NO	NPRIOR	IIY Unsecu	ured Claims Conti	nuation Page	
After listin		on this pa	ge, number th	em sequentially from th	e	Total claim
	age.					
4.13						\$2,565.00
	unding LLC			Last 4 digits of acco	ount number <u>6 6 5 3</u>	
' '	reditor's Name			When was the debt	incurred?	
Number	Street			As of the date you f	ile, the claim is: Check all that apply.	
-				Contingent	,	
				✓ Unliquidated		
San Diego	2	CA	92123	Disputed		
City	<u> </u>	State	ZIP Code	Type of NONPRIOR	ITY unsecured claim:	
Who incur	red the debt?	Check of	one.	Student loans	in i unocourca olaim.	
✓ Debtor	•				ng out of a separation agreement or divorce	
Debtor	•				eport as priority claims	
=	1 and Debtor 2	•	nothor	Debts to pension	or profit-sharing plans, and other similar debts	
_	t one of the deb			Other. Specify		
_	if this claim is		nmunity debt	Collection acc	ount	
	n subject to of	fset?				
☑ No						
Yes						
4.14						\$1,288.00
Midland F	unding LLC			Last 4 digits of acco	ount number 6 6 4 7	Ψ1,200.00
	reditor's Name					
	Dr STE 200			When was the debt		
Number	Street				ile, the claim is: Check all that apply.	
-				☐ Contingent ☐ Unliquidated		
				✓ Unliquidated ✓ Disputed		
San Diego	0	CA	92123			
City	red the debt?	State Check o	ZIP Code	Type of NONPRIOR	ITY unsecured claim:	
		Check	nie.	Student loans		
✓ Debtor	.*				ng out of a separation agreement or divorce	
ш	1 and Debtor 2	only		•	eport as priority claims	
_	t one of the deb		another	Other. Specify	or profit-sharing plans, and other similar debts	
Check	if this claim is	for a con	nmunity debt	Collection acc	ount	
Is the clain	n subject to of	fset?	-	2223		
✓ No	,					
Yes						

Debtor 1	Nikki	N.	Crosby	Case number (if known)	
	First Name	Middle Name	Last Name		
5 40	- v No.	IDDIA DITVIII	1011		
Part 2:	Your NON	PRIORITY Unsect	ured Claims Conti	nuation Page	
		n this page, number th	em sequentially from the		Total claim
previous	page.				
4.15					\$2,700.00
Mohela			Last 4 digits of acco	unt number	
	Creditor's Name		When was the debt i	ncurred?	
633 Spiri Number	Street		As of the date you fi	le, the claim is: Check all that apply.	
			Contingent	,	
			Unliquidated		
Chesterf	ield	MO 63005	Disputed		
City	iciu	State ZIP Code	Type of NONPRIORI	TY unsecured claim:	
Who incu	rred the debt?	Check one.	Student loans		
<u> </u>	r 1 only			g out of a separation agreement or divorce	
ш	r 2 only r 1 and Debtor 2 (only	that you did not re	port as priority claims	
	st one of the debt	•		or profit-sharing plans, and other similar debts	
_		for a community debt	Other. Specify		
_	m subject to offs	•			
✓ No	in subject to ons	set:			
Yes					
4.16					\$106.00
	Collection Ser	vices	Last 4 digits of acco	unt number	
Nonpriority (Creditor's Name		When was the debt i	ncurred?	
Number	Street		As of the date you fi	le, the claim is: Check all that apply.	
			Contingent		
			Unliquidated		
Hattiesb	ura	MS 39403	Disputed		
City	<u>g</u>	State ZIP Code	Type of NONPRIORI	TY unsecured claim:	
	rred the debt?	Check one.	Student loans		
	r 1 only		Obligations arisin	g out of a separation agreement or divorce	
별 ~	r 2 only r 1 and Debtor 2 o	only	•	eport as priority claims	
_	st one of the debt	•		or profit-sharing plans, and other similar debts	
_		for a community debt	Other. Specify	ount-Dr James Bounds DMD	
_	m subject to offs		Collection acc	Julit-Di Jailles Boullus Divid	
✓ No	in subject to one				
Yes					

Debtor 1	Nikki	N.	Crosby	Case number (if known)	
	First Name	Middle Name	Last Name		
5 (6	-		1011 0 1		
Part 2:	Your NON	PRIORITY Unsec	ured Claims Conti	nuation Page	
After listing	• •	this page, number th	nem sequentially from the	•	Total claim
<u> </u>	g-:				
4.17					<u>\$542.44</u>
Sears	2 12 1 11		Last 4 digits of acco	unt number <u>2</u> <u>2</u> <u>4</u> <u>2</u>	
P.O. Box	Creditor's Name		When was the debt	ncurred?	
Number	Street		As of the date you fi	le, the claim is: Check all that apply.	
			Contingent		
			Unliquidated		
Columbu	ıs	OH 43218	Disputed		
City		State ZIP Code	Type of NONPRIORI	TY unsecured claim:	
		Check one.	☐ Student loans		
	r 1 only r 2 only			g out of a separation agreement or divorce	
	r 1 and Debtor 2 o	nly	•	eport as priority claims	
	st one of the debto	ors and another		or profit-sharing plans, and other similar debts	
— Check	c if this claim is fo	or a community debt	Credit Card		
	m subject to offs				
☑ No	-				
Yes					
4.10					
4.18					\$730.73
Shell	Creditor's Name		Last 4 digits of acco	unt number <u>8 9 2 8</u>	
PO Box 1			When was the debt	ncurred?	
Number	Street		As of the date you fi	le, the claim is: Check all that apply.	
			Contingent		
Norfolk		VA 23541			
City		State ZIP Code	Type of NONPRIOR	TY unsecured claim:	
— Date:	rred the debt? r 1 only	Check one.	Student loans		
ب	r 2 only			g out of a separation agreement or divorce	
	r 1 and Debtor 2 o	nly	•	eport as priority claims or profit-sharing plans, and other similar debts	
At leas	st one of the debto	ors and another	Other. Specify	or profit-straining plans, and other similar debts	
☐ Check	c if this claim is fo	or a community debt	Credit Card		
	m subject to offs				
☑ No					
Yes					

Debtor 1	Nikki	N.		Crosby	Case number (if known)	
	First Name	Midd	lle Name	Last Name		
	_					
Part 2:	Your NO	NPRIORIT	Y Unsecu	red Claims Contir	nuation Page	
A fr II - d'-		41.1				
previous previous		n this page	, number the	m sequentially from the		Total claim
previous	page.					
4.19						\$285.00
South Ce	entral Clinics			Last 4 digits of accou	unt number	
	Creditor's Name			When was the debt in	ncurred?	
Number	ferson St Street			As of the date you file	e, the claim is: Check all that apply.	
ramboi	Circot			Contingent	o, and orallin for officer, an anat apply.	
				Unliquidated		
		110 00		Disputed		
Laurel City			9441-1649 Code		PV d. alater	
,	rred the debt?	Check one		Type of NONPRIORIT	r unsecured claim:	
Debto	r 1 only			Student loans	a out of a congration agreement or diverse	
	r 2 only				g out of a separation agreement or divorce port as priority claims	
	r 1 and Debtor 2	•		•	or profit-sharing plans, and other similar debts	
☐ At leas	st one of the deb	tors and and	other	Other. Specify	g prairie, and annot annot a series	
☐ Check	k if this claim is	for a comm	unity debt	Medical accour	nt	
Is the clai	m subject to off	set?				
☑ No						
Yes						
4.00						
4.20						\$2,026.00
	entral Regiona	l Medical (Center	_ Last 4 digits of accou	unt number <u>8 4 1 6</u>	
PO Box 6	Creditor's Name			When was the debt in	ncurred?	
Number	Street			As of the date you file	e, the claim is: Check all that apply.	
				_ Contingent		
				Unliquidated		
Laurel		MS 39	9441-0607	Disputed		
City			Code	Type of NONPRIORIT	TY unsecured claim:	
Who incu	rred the debt?	Check one).	☐ Student loans		
ب	r 1 only			—	g out of a separation agreement or divorce	
	r 2 only				port as priority claims	
	r 1 and Debtor 2		othor	Debts to pension	or profit-sharing plans, and other similar debts	
At least one of the debtors and another				Other. Specify		
_	k if this claim is		unity debt	Medical accour	nt	
	m subject to off	set?				
☑ No						
☐ Yes						

After listing any entries on this page, number them sequentially from the previous page. 4.21 South Central Regional Medical Center Nonprorty Creditor's Name PO Box 607 Number Street MS 39441-0607 City State ZIP Code Debtor 1 and Debtor 2 only Debtor 2 only Number of the debtors and another Street 4.22 South Central Regional Medical Center Nonprorty Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Disputed Disputed Debtor 1 and Debtor 2 only Debtor 2 only New Yes 4.22 South Central Regional Medical Center Nonprorty Creditor's Name PO Box 607 New Yes 4.24 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Disputed Debtor 1 and Debtor 2 only Medical account When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Dispu	Debtor 1	Nikki	N.	Crosby	Case number (if known)	
After listing any entries on this page, number them sequentially from the previous page. 4.21 South Central Regional Medical Center Nonpriority Crididr's Name PO Box 607 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Oblotor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt stee claim subject to offset? 4.22 South Central Regional Medical Center Nonpriority Crididr's Name PO Box 607 Number Street 4.22 South Central Regional Medical Center Nonpriority Crididr's Name PO Box 607 Number Street 4.22 South Central Regional Medical Center Nonpriority Crididr's Name PO Box 607 Number Street 4.22 South Central Regional Medical Center Nonpriority Crididr's Name PO Box 607 Number Street 4.25 South Central Regional Medical Center Nonpriority Crididr's Name PO Box 607 Number Street 4.25 South Central Regional Medical Center Nonpriority Crididr's Name PO Box 607 Number Street 4.26 South Central Regional Medical Center Nonpriority Crididr's Name PO Box 607 Number Street 4.27 South Central Regional Medical Center Nonpriority Crididr's Name PO Box 607 Number Street 4.28 State 4 digits of account number Disputed Disputed Type of NONPRIORITY unsecured claim: Type of Nonpriority unsecured claim: Type of Nonpriority claims Disputed Type of Nonpriority claims Disputed Debtor 1 and Debtor 2 only Unliquidated Disputed Disput		First Name	Middle Name	Last Name	· · · · · · · · · · · · · · · · · · ·	
After listing any entries on this page, number them sequentially from the previous page. 4.21 South Central Regional Medical Center Nonpriority Crididr's Name PO Box 607 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Oblotor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt stee claim subject to offset? 4.22 South Central Regional Medical Center Nonpriority Crididr's Name PO Box 607 Number Street 4.22 South Central Regional Medical Center Nonpriority Crididr's Name PO Box 607 Number Street 4.22 South Central Regional Medical Center Nonpriority Crididr's Name PO Box 607 Number Street 4.22 South Central Regional Medical Center Nonpriority Crididr's Name PO Box 607 Number Street 4.25 South Central Regional Medical Center Nonpriority Crididr's Name PO Box 607 Number Street 4.25 South Central Regional Medical Center Nonpriority Crididr's Name PO Box 607 Number Street 4.26 South Central Regional Medical Center Nonpriority Crididr's Name PO Box 607 Number Street 4.27 South Central Regional Medical Center Nonpriority Crididr's Name PO Box 607 Number Street 4.28 State 4 digits of account number Disputed Disputed Type of NONPRIORITY unsecured claim: Type of Nonpriority unsecured claim: Type of Nonpriority claims Disputed Type of Nonpriority claims Disputed Debtor 1 and Debtor 2 only Unliquidated Disputed Disput	Part 2	Your NON	IDDIODITY Upear	cured Claims Conti	nuation Page	
4.21 Sude Central Regional Medical Center Sume Substituting Sude Center	rait 2.	Tour Non	IFICIONITI OIISEC	Juleu Glaiilis Collui	iuation rage	
South Central Regional Medical Center Nonpriority Creditor's Name PO Box 607 Number Street As of the date you file, the claim is: Check all that apply. Contingent you did not report as priority claims As of the date you file, the claim is: Check all that apply. Contingent you did not report as priority claims As of the date you file, the claim is: Check all that apply. Contingent you did not report as priority claims As of the date you file, the claim is: Check all that apply. Contingent you did not report as priority claims Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Contingent you did not report as priority claims As of the date you file, the claim is: Check all that apply. Content you did not report as priority claims Contingent you did not report as priority you did not report			this page, number t	hem sequentially from the		Total claim
South Central Regional Medical Center Nonpriority Creditor's Name PO Box 607 Number Street Laurel MS 39441-0607 Check one Check if this claim is for a community debt Is the Claim subject to offset? As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed Type of NoNPRIORITY unsecured claim: Type of NoNPRIORITY unsecured claim: Type of Nonpriority Creditor's Name PO Box 607 Number Street As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed Type of NoNPRIORITY unsecured claim: Type of NoNPRIORITY unsecured claim: When incurred the debt? Check if this claim is for a community debt Laurel MS 39441-0607 Who incurred the debt? State ZIP Code Who incurred the debt? Check one. Check if this claim is for a community debt Laurel MS 39441-0607 City State ZIP Code Who incurred the debt? Check one. Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Laurel MS 39441-0607 City State ZIP Code Who incurred the debt? Check one. Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Laurel MS 39441-0607 City State ZIP Code Check one. Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community deb	<u> </u>	Jage.				
When was the debt incurred?	4.21					\$165.00
Number Street Street			Medical Center	Last 4 digits of acco	unt number <u>5</u> <u>0</u> <u>1</u> <u>7</u>	
As of the date you file, the claim is: Check all that apply. Contingent Contin				When was the debt i	ncurred?	
Laurel	Number			As of the date you fi	e, the claim is: Check all that apply.	
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	_		•	Medical accou	nt	
Is the claim subject to offset?		m subject to offs	set?			
☑ No □ Yes	보고					

Debtor 1	Nikki	N.		Crosby	Case number (if known)					
	First Name	Midd	le Name	Last Name	· · · · · ·					
	-									
Part 2:	Your NON	IPRIORII	Y Unsecure	ed Claims Con	ntinuation Page					
After listing	•	n this page,	number them	sequentially from	the	Total claim				
	F 3									
4.23						\$371.42				
	ard Services Creditor's Name			Last 4 digits of ac	count number <u>7 3 9 2</u>					
PO Box 6				When was the deb	ot incurred?					
Number	Street			As of the date you	ifile, the claim is: Check all that apply.					
				Contingent						
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Dallas		TX 75	266	☐ Disputed						
City			Code	Type of NONPRIO	RITY unsecured claim:					
- 5.1	rred the debt? r 1 only	Check one		☐ Student loans						
ڪ	r 2 only			ш -	sing out of a separation agreement or divorce					
	r 1 and Debtor 2	only		•	t report as priority claims					
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Yes										
4.24						*				
						\$26,369.00				
	of Education Creditor's Name			Last 4 digits of ac						
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Number	Street			As of the date you	ifile, the claim is: Check all that apply.					
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Madison			704							
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	r 1 only	Check one	•							
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Victoria's Secret Last 4 digits of account number 9 7 5 7	previous	page.				i otai ciaim
Nonprinity Creditor's Name	4.25					\$657.59
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Atlanta GA 30353 City State ZIP Code Disputed Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? In Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 3 separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	Number	Street			le, the claim is: Check all that apply.	
Atlanta GA 30353 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Disputed Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Credit Card				—		
Atlanta GA 30353 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card				· ·		
Who incurred the debt? Check one. ☑ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ☑ No						
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Credit Card	,			Type of NONPRIORI	TY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No	- 5.1		Check one.	Student loans		
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No	ك	•			•	
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No		•	nly	•		
☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No	_			= ~ ~	or profit-sharing plans, and other similar debts	
Is the claim subject to offset? ☑ No	_					
☑ No				J. Juli Juli		
		542,051 10 01130				
	ب					

Debtor 1	Nikki First Name	N	I. liddle Name	Crosby Last Nam			Case	e number (if known)
	First Name	IV	liddle Name	Lastinali	ie			
Part 3:	List Othe	rs to Be	Notified Ab	out a Dek	ot That Y	ou Alread	/ Lis	sted
For e credi debts	example, if a coll itor in Parts 1 or	ection ag 2, then l in Parts	gency is trying t ist the collectio 1 or 2, list the a	o collect front agency he ditional cr	om you fo ere. Simil editors he	r a debt you darly, if you ha	owe ave n	bt that you already listed in Parts 1 or 2. to someone else, list the original nore than one creditor for any of the have additional parties to be notified for
	Recovery Sys	tems In	С	On wl	nich entry	in Part 1 or F	art 2	2 did you list the original creditor?
Name 219 Kath Number	Street			Line _	4.10 of	(Check one):		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Flowood City	I	MS State	39232 ZIP Code	Last 4	l digits of	account num	ber	
	nchrony Bank			On wl	hich entry	in Part 1 or F	Part 2	2 did you list the original creditor?
Name ATTN: B Number PO Box 9	ankruptcy Dep Street	t		Line _	4.1 of	(Check one):	_	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Orlando	30000	FL	32896	Last 4	l digits of	account num		
City		State	ZIP Code					
Belks SY Name	NCB			On wi	hich entry	in Part 1 or F	Part 2	2 did you list the original creditor?
PO Box 9	965036 Street			Line _	4.1 of	(Check one):	_	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Orlando City		FL State	32896 ZIP Code	—— Last 4	l digits of	account num	ber	
Credit Fi	rst			On wl	hich entry	in Part 1 or F	art 2	2 did you list the original creditor?
PO Box 8 Number	81307 Street			Line _	4.6 of	(Check one):		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Clevelan City	ıd	OH State	44181 ZIP Code	—— Last 4 ——	l digits of	account num	ber	
	its Adjustment	Service	1	On wl	hich entry	in Part 1 or F	art 2	2 did you list the original creditor?
Name 56 N Floi Number	rida St. Street			Line _	4.21 of	(Check one):		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Mobile		AL	36607	— Last 4	l digits of	account num	ber	
City		State	ZIP Code					

Nikki N. Debtor 1 Crosby Case number (if known) First Name Middle Name Last Name Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page On which entry in Part 1 or Part 2 did you list the original creditor? **Merchants Adjustment Service** 56 N Florida St. Line 4.19 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Mobile AL 36607 ZIP Code City On which entry in Part 1 or Part 2 did you list the original creditor? Midland Funding Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims c/o Scott & Associates Number Street Part 2: Creditors with Nonpriority Unsecured Claims PO Box 770 Last 4 digits of account number 39205 **Jackson** MS ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Midland Funding LLC 2365 Northside Dr Ste 300 Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number San Diego CA 92108 Citv On which entry in Part 1 or Part 2 did you list the original creditor? Midland Funding LLC 2365 Northside Dr Ste 300 Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Street Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number CA 92108 San Diego ZIP Code City Midland Funding LLC On which entry in Part 1 or Part 2 did you list the original creditor? 2365 Northside Dr Ste 300 Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number San Diego CA 92108 City ZIP Code Mohela On which entry in Part 1 or Part 2 did you list the original creditor? Name C/o Asst. US Atty Line 4.15 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims 1575 20th Ave. Last 4 digits of account number Gulfport MS 39501 City State ZIP Code

Nikki N. Debtor 1 Crosby Case number (if known) First Name Middle Name Last Name Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page On which entry in Part 1 or Part 2 did you list the original creditor? Mohela Name Line 4.15 of (Check one): Part 1: Creditors with Priority Unsecured Claims C/O U.S. Attorney Street Part 2: Creditors with Nonpriority Unsecured Claims 501 E Court St Ste 4.430 Last 4 digits of account number **Jackson** MS 39201 City ZIP Code Mohela On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.15 of (Check one): Part 1: Creditors with Priority Unsecured Claims C/O Attorney General Number Street Part 2: Creditors with Nonpriority Unsecured Claims 950 Pennsylvania Ave NW Last 4 digits of account number DC 20530-0009 Washington ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Mountain State Adjustment 123 W 1st St Suite 430 Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number WY 82601-2481 Casper City On which entry in Part 1 or Part 2 did you list the original creditor? **Network Collection Services** Name PO Box 1725 Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 39403 Hattiesburg MS City ZIP Code **Network Collection Services** On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims PO Box 1725 Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Hattiesburg 39403 MS ZIP Code City State **Portfolio Recovery Associates** On which entry in Part 1 or Part 2 did you list the original creditor? 120 Corporate Blvd., Ste. 100 Line 4.26 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Norfolk V۸ 23502 City State ZIP Code

Nikki N. Debtor 1 Crosby Case number (if known) First Name Middle Name Last Name Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page On which entry in Part 1 or Part 2 did you list the original creditor? Portfolio Recovery Associates 120 Corporate Blvd., Ste. 100 Line 4.25 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Norfolk VA 23502 ZIP Code City Portfolio Recovery Associates On which entry in Part 1 or Part 2 did you list the original creditor? 120 Corporate Blvd., Ste. 100 Line 4.18 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 23502 Norfolk VA ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? **Portfolio Recovery Associates** 120 Corporate Blvd., Ste. 100 Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Norfolk V۸ 23502 Citv Portfolio Recovery Associates On which entry in Part 1 or Part 2 did you list the original creditor? 120 Corporate Blvd., Ste. 100 Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Norfolk VA 23502 City ZIP Code **Portfolio Recovery Associates** On which entry in Part 1 or Part 2 did you list the original creditor? 120 Corporate Blvd., Ste. 100 Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Norfolk 23502 V۸ ZIP Code City State On which entry in Part 1 or Part 2 did you list the original creditor? Synchrony Bank PO Box 965036 Line 4.26 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Orlando 32896 City ZIP Code

Debtor 1	Nikki		١.	Crosby	Case n	umber (if known)
	First Name	N	liddle Name	Last Name		
Part 3:	List Others	s to B	e Notified Ab	out a Debt That You Alread	y Liste	ed Continuation Page
Synchron	ny Bank			On which entry in Part 1 or I	Part 2 d	lid you list the original creditor?
Name PO Box 9	65036			line 4.11 of (Check one):	ΠР	eart 1: Creditors with Priority Unsecured Claims
Number	Street				_	art 2: Creditors with Nonpriority Unsecured Claims
Orlando		FL	32896	—— Last 4 digits of account num	nber _	
City		State	ZIP Code			
	ny Bank for J. C	. Penn	ıys	On which entry in Part 1 or I	Part 2 d	lid you list the original creditor?
Name Bankrupt	cy Department			Line 4.11 of (Check one):	□Р	art 1: Creditors with Priority Unsecured Claims
Number P.O. Box	Street				—	art 2: Creditors with Nonpriority Unsecured Claims
F.O. BOX	303000				ت	• •
			2222	Last 4 digits of account num	ber _	
Orlando City		FL State	32896 ZIP Code			
- 4						
TD Bank	USA/ Target Cr	edit		On which entry in Part 1 or I	Part 2 d	lid you list the original creditor?
Name 3701 Way	zata Blvd				□Р	art 1: Creditors with Priority Unsecured Claims
Number	Street			Inte In (Greek Gree).	_	
					V ·	art 2: Creditors with Nonpriority Unsecured Claims
				—— Last 4 digits of account num	ber	
Minneapo	olis	MN	55416		-	
City		State	ZIP Code			
US Dent	of Education			On which entry in Part 1 or I	Part 2 d	lid you list the original creditor?
Name						
Number	General Of The Street	U.S.		Line <u>4.24</u> of (Check one):		art 1: Creditors with Priority Unsecured Claims
	sylvania Ave., I	W			☑ P	art 2: Creditors with Nonpriority Unsecured Claims
				— Last 4 digits of account num	her	
Washingt	ton	DC	20530	Last 4 digits of account fluir	-	
City		State	ZIP Code			
110 D	- f = decention			On which autoria Bout 4 on I	Daws 0 d	lid liet the eniminal anaditano
Name	of Education			On which entry in Part 1 or i	Part 2 u	lid you list the original creditor?
C/O Asst.				Line <u>4.24</u> of (Check one):		art 1: Creditors with Priority Unsecured Claims
1575 20th	Street Ave.				 P	art 2: Creditors with Nonpriority Unsecured Claims
Gulfport		MS	39501	Last 4 digits of account num	nber _	
City		State	ZIP Code			
	of Education			On which entry in Part 1 or I	Part 2 d	lid you list the original creditor?
Name C/O US A	tty for Southern	n Dist.		Lineof (Check one):	□P	art 1: Creditors with Priority Unsecured Claims
Number	Street Court St., Ste. 4				M P	art 2: Creditors with Nonpriority Unsecured Claims
oo i Last						•
laakss:		MC	20204	Last 4 digits of account num	ber	
Jackson City		MS State	39201 ZIP Code			

Debtor 1	Nikki	N.	Crosby	Case number (if known)	
	First Name	Middle Name	Last Name		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. +	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$29,069.00
6g. Obligations arising ou		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts		\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	\$24,389.03
	6j.	Total. Add lines 6f through 6i.	6j.	\$53,458.03

Fill in this inf	ormation to iden			
Debtor 1	Nikki First Name	N. Middle Name	Crosby Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the			
Case number (if known)				Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease
 is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of
 executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Debtor 1 Nikki N. Crosby										
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name	Fi	ll in this info	ormation to i	identify your case	:					
Debtor 2 (Spouse, if filing) First Name	De	btor 1				_				
(Spouse, if filing) First Name	_		i list Name	Middle Name	Last Name					
Case number (if known) Official Form 106H Schedule H: Your Codebtors Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) No Yes Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? No Yes In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use			First Name	Middle Name	Last Name	-				
Official Form 106H Schedule H: Your Codebtors Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) No Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? No Yes In Collumn 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filling with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E), Or Schedule G (Official Form 106G). Use	Ur	ited States Bar	nkruptcy Court fo	or the: SOUTHERN D	IST. OF MISSISSIPPI	_				
Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) No						<u>—</u>				
Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) No				lahtara			404			
two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) No Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? No Yes 1. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use	SC	nedule H:	Your Coa	eptors			12/1			
include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? No Yes In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use	nee pag 1.	needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this bage. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) No								
3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use	2.	include Arizona No. Go to Yes. Did No	a, California, Ida o line 3.	aho, Louisiana, Nevada	, New Mexico, Puerto Rico, Te	exas, Washington, and Wisconsin.)				
	3.	In Column 1, I person shows creditor on Se	n in line 2 agair chedule D (Offi	n as a codebtor only if cial Form 106D), <i>Sch</i> e	that person is a guarantor o dule E/F (Official Form 106E	or cosigner. Make sure you have listed the				

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

F	Fill in this inform	ation to identify	y your case:				
	Debtor 1	Nikki	N.	Crosby			
		First Name	Middle Name	Last Name		Che	ck if this is:
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		— -	An amended filing
	United States Bankr	uptcv Court for the:	SOUTHERN	DIST. OF MISSI	SSIPPI		A supplement showing postpetition
	Case number				_		chapter 13 income as of the following date:
	(if known)						MM / DD / YYYY
0	fficial Form 10	<u>61</u>					
S	chedule I: You	ur Income					12/15
res inc ab yo	sponsible for supply clude information ab out your spouse. If ur name and case n	ving correct information your your spouse. It more space is nee umber (if known).	ation. If you are f you are separ ded, attach a se Answer every q	e married and not ated and your spo parate sheet to th	filing jointly ouse is not	y, and your s filing with y	Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write
-		be Employment	:				
1.	Fill in your emploinformation.	yment		Debtor 1			Debtor 2 or non-filing spouse
	If you have more the job, attach a separ		yment status	✓ Employed			☐ Employed
	with information ab	out		☐ Not employ	ed		☐ Not employed
	additional employe	ers. Occup	ation	Accounting As	ssistant		
	Include part-time, s or self-employed w		yer's name	National Tax (Centers LL	.c	
	Occupation may in student or homema applies.	Linkio	yer's address	PO Box 4269 Number Street			Number Street
				Laurel	MS State	39441 Zip Code	City State Zip Code
				•	State	Zip Code	Oily State Zip Code
		How Id	ong employed th	nere? <u>2.5 yrs</u>		_	
E	Part 2: Give D	etails About Mo	onthly Incom	е			
	timate monthly inco			n. If you have noth	ing to repor	t for any line	, write \$0 in the space. Include your
-	ou or your non-filing u need more space, a	•		er, combine the inf	ormation for	all employe	rs for that person on the lines below. If
					For I	Debtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gros payroll deductions) would be.	s wages, salary, ar). If not paid monthly	nd commissions /, calculate what	s (before all the monthly wage	2	\$1,968.72	
3.	Estimate and list	monthly overtime p	ay.		3. +	\$244.08	
4.	Calculate gross in	ncome. Add line 2	+ line 3.		4.	\$2,212.80	

Official Form 106l Schedule I: Your Income page 1

Debtor	1 <u>Nikki</u>	N.	Crosby		Case nu	mber (if knov	<i>w</i> n)		
	First Name	Middle Name	Last Name	E.	or Debtor 1	For Debt	or 2 or		
				F	or Debtor 1		g spouse		
Co	ony line 4 here			4.	\$2,212.80			•	
	st all payroll deduc		- 7	••	ΨΣ,Σ12.00				
		and Social Security deduc	ctions	5a.	\$188.94				
		ributions for retirement p		5b.	\$0.00				
	•	ibutions for retirement pla		5c.	\$0.00				
		ments of retirement fund		5d.	\$0.00				
	. Insurance			5e.	\$30.64				
5f.		ort obligations		5f.	\$0.00				
	. Union dues	3 •		5g.	\$0.00				
5h	. Other deduction	ns.		Ü					
	Specify:			5h. +	\$0.00				
	ld the payroll dedu + 5h.	uctions. Add lines 5a + 5	5b + 5c + 5d + 5e + 5f +	6.	\$219.58				
		hly take-home pay. Su regularly received:	btract line 6 from line 4.	7.	\$1,993.22				
		n rental property and fron	n operating a	8a.	\$0.00				
		ent for each property and burdinary and necessary businet income.	•						
8b	. Interest and div	idends		8b.	\$0.00				
8c	. Family support dependent regu	payments that you, a non	-filing spouse, or a	8c.	\$0.00				
	Include alimony,	spousal support, child sup nt, and property settlement							
8d	. Unemployment	compensation		8d.	\$0.00				
8e	. Social Security			8e.	\$0.00	-			
8f.	Include cash ass cash assistance (benefits under t or housing subsi	ent assistance that you resistance and the value (if kr that you receive, such as for the Supplemental Nutrition and dies.	nown) or any non- ood stamps	04	***				
_	Specify:			8f.	\$0.00				
·	. Pension or retir			8g.	\$0.00				
8h	Specify:	ncome.		8h.+	\$0.00				
9. Ac	dd all other income	e. Add lines 8a + 8b + 8c +	8d + 8e + 8f + 8g + 8h.	9.	\$0.00				
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse			10.	\$1,993.22	+		=[_	\$1,993.22
Ind		ar contributions to the exp from an unmarried partner,				ur roommate	s, and othe	;r	
D	o not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses list						sted in Schr	edule	J.
	ecify:				a to pay		_ 11. -		\$0.00
		ne last column of line 10 t					12.		\$1,993.22
	come. Write that ar t applies.	nount on the Summary of Y	our Assets and Liabilities	s and Ce	rtain Statistical Ir	nformation,			mbined nthly income

16-51284-KMS Dkt 4 Filed 07/29/16 Entered 07/29/16 13:59:43 Page 37 of 59

Nikki	N.	Crosby	Case number (if known)
First Name	Middle Name	Last Name	
you expect an	increase or decrease with	in the year after you file this	s form?
No.	None.		
Yes. Explain:			
•	First Name you expect an No.	First Name Middle Name you expect an increase or decrease with	First Name Middle Name Last Name you expect an increase or decrease within the year after you file this No. None.

Official Form 106l Schedule I: Your Income page 3

F	ill in this inform	ation to iden	tify your case:			Ch-	- العام العام	, io:	
ı	Debtor 1	Nikki	N.	Cros	bv		ck if this An ame	s is: ended filing	
		First Name	Middle Name	Last Na			A supp	lement showing r 13 expenses as	
_	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	ame			ng date:	o uno
ι	United States Bankr	uptcy Court for the	ne: SOUTHERN D	IST. OF MI	SSISSIPPI		MM / D	D / YYYY	_
	Case number (if known)								
Of	ficial Form 10	<u>6J</u>				_			
Sc	hedule J: Yo	ur Expens	es						12/15
nan	rect information. If ne and case numbe	more space is	needed, attach anoti nswer every questio	ner sheet to	ling together, both and this form. On the top				
1.	Is this a joint case		Schola						
		ebtor 2 live in a	separate household		es for Separate House	hold o	f Debtor	2.	
2.	Do you have depe	_] No ☑ Yes. Fill out this i	nformation	Dependent's relati		p to	Dependent's	Does dependent
	Debtor 2.	anu –	for each depender	nt	Debtor 1 or Debtor Son	r <u>Z</u>		age 16 yrs	live with you?
	Do not state the de names.	pendents'							Yes No Yes No No No
									Yes No Yes
									No Yes
3.	Do your expenses expenses of peop yourself and your	le other than	✓ No ☐ Yes						
P	art 2: Estima	te Your Ong	oing Monthly Ex	penses					
to r		of a date after t	he bankruptcy is file		are using this form as a supplemental Sche				
			ash government assi on Schedule I: Your	-				Your expens	es
4.		•	penses for your residence any rent for the gro				•	4	\$500.00
	If not included in	line 4:							
	4a. Real estate ta	xes						4a	
	4b. Property, hom	eowner's, or ren	ter's insurance				•	4b	
	4c. Home mainter	nance, repair, ar	nd upkeep expenses					4c	
	4d Homeowner's	association or o	ondominium dues					4d	

Deb	tor 1	Nikki First Name	N. Middle Name	Crosby Last Name	Case number (if known)	
		riidertainio	Wildel Hame	Last Namo	Your expense	es
5.	Add	litional mortgag	e pavments for vour resid	lence, such as home equity loans	5.	
6.		ities:				
	6a.	Electricity, heat	, natural gas		6a	\$200.00
	6b.	Water, sewer, g	arbage collection		6b	\$60.00
	6c.		phone, Internet, satellite, a	nd	6c.	\$50.00
	6d.	Cable services Other, Specify:			6d.	
7.		d and housekee				\$300.00
8.			ren's education costs		8.	
9.	Clo	thing, laundry, a	and dry cleaning		9.	\$25.00
10.	Per	sonal care prod	ucts and services		10.	\$25.00
11.	Med	lical and dental	expenses		11.	\$50.00
12.		nsportation. Inc . Do not include	lude gas, maintenance, but	s or train	12.	\$100.00
13.	Ente		s, recreation, newspaper	s,	13.	
14.	•	•	tions and religious donat	ons	14.	\$200.00
15.		ırance.				
				ay or included in lines 4 or 20.		
	15a	. Life insurance	•		15a	
	15b	. Health insurar	nce		15b	
	15c.	. Vehicle insura	ance		15c	\$95.00
	15d _				15d	
16.	Tax Spe		lude taxes deducted from y	our pay or included in lines 4 or 20.	16.	
17.	Inst	allment or lease	payments:			
	17a	. Car payments	for Vehicle 1 CSfCU		17a	\$291.00
	17b	. Car payments	for Vehicle 2 CSFCU		17b.	\$86.00
	17c	Other. Specif	y:		17c	
	17d	. Other. Specif	y:		17d	
18.			•	support that you did not report as , Your Income (Official Form 1061).	18.	
19.		er payments yo	u make to support others	who do not live with you.	19.	

16-51284-KMS Dkt 4 Filed 07/29/16 Entered 07/29/16 13:59:43 Page 40 of 59

Deb	tor 1	Nikki	N.	Crosby	Case number (if known	wn)
		First Name	Middle Name	Last Name		· -
20.		er real property edule I: Your Inc	expenses not included in come.	lines 4 or 5 of this form or	on	
	20a.	Mortgages on	other property		20a.	
	20b.	Real estate ta	xes		20b.	
	20c.	Property, hom	eowner's, or renter's insurar	nce	20c.	
	20d.	Maintenance,	repair, and upkeep expense	es	20d.	
	20e.	Homeowner's	association or condominium	n dues	20e.	
21.	Othe	er. Specify:			21.	+
22.	Calc	ulate your mon	thly expenses.			
	22a.	Add lines 4 th	rough 21.		22a.	\$1,982.00
	22b.	Copy line 22 (monthly expenses for Debto	or 2), if any, from Official Fo	rm 106J-2. 22b.	
	22c.	Add line 22a a	and 22b. The result is your r	nonthly expenses.	22c.	\$1,982.00
23.	Calc	ulate your mon	thly net income.			
	23a.	Copy line 12 (your combined monthly inco	ome) from Schedule I.	23a.	\$1,993.22
	23b.	Copy your mo	nthly expenses from line 22	c above.	23b.	\$1,982.00
	23c.		monthly expenses from you our monthly net income.	r monthly income.	23c.	\$11.22
24.	Do y	ou expect an ir	ncrease or decrease in you	ır expenses within the yea	r after you file this form?	
			expect to finish paying for y or decrease because of a n		or do you expect your mortgage our mortgage?	
		No. Yes. Explain he	ere:			

Debtor 1 Nikki N. Crosby First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: SOUTHERN DIST. OF MISSISSIPPI Case number	Fill in this info	ormation to i	dentify your case	:		
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: SOUTHERN DIST. OF MISSISSIPPI Case number	Debtor 1					
United States Bankruptcy Court for the: SOUTHERN DIST. OF MISSISSIPPI Case number					_	
		ikrupicy Court ic	i ille. <u>300THERN D</u>	131. OF WI331331FF1	-	7 0

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

		Your assets Value of what you own
•	Schedule A/B: Property (Official Form 106A/B)	\$0.0
	1a. Copy line 55, Total real estate, from Schedule A/B	
	1b. Copy line 62, Total personal property, from Schedule A/B	\$11,977.5
	1c. Copy line 63, Total of all property on Schedule A/B	\$11,977.5
P	Part 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	. \$11,698.8
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	40.0
	3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$53,458.0
	Your total liabilities	\$65,156.9
	art 3: Summarize Your Income and Expenses	
	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$1,993.2
	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$1,982.0

Debto		N.	Crosby	Case number (if known)	
Par	First Nam		e Last Name ns for Administrative and	Statistical Records	
6. A	re you filing fo	or bankruptcy under Cl	napters 7, 11, or 13?		
[]	No. You ha	ive nothing to report on	this part of the form. Check this	box and submit this form to the court with your other	schedules.
7. V	Vhat kind of de	bt do you have?			
6				hose "incurred by an individual primarily for a persor gg for statistical purposes. 28 U.S.C. § 159.	nal,
	_	are not primarily consthe court with your other	_	to report on this part of the form. Check this box and	d submit
			Monthly Income: Copy your total 122B Line 11; OR , Form 122C-	•	\$2,285.98
9. C	opy the follow	ing special categories	of claims from Part 4, line 6 of	Schedule E/F:	
				Total claim	
F	rom Part 4 on	Schedule E/F, copy th	e following:		
9	a. Domestic s	upport obligations. (Cop	by line 6a.)	\$0.00	
9	b. Taxes and	certain other debts you	owe the government. (Copy line	6b.) \$0.00	
9	c. Claims for	death or personal injury	while you were intoxicated. (Cop	y line 6c.) \$0.00	
9	d. Student loa	ns. (Copy line 6f.)		\$29,069.00	
9	•	arising out of a separat	ion agreement or divorce that yo	u did not report as \$0.00	

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$29,069.00

	formation to id	dentify your case	:	
Debtor 1	Nikki First Name	N. Middle Name	Crosby Last Name	
Debtor 2	First Name	iviladie Name	Last Name	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for	r the: SOUTHERN D	IST. OF MISSISSIPPI	
Case number (if known)				Check if this is an amended filing
Official Form	106Dec			
Declaration	About an II	ndividual Debt	or's Schedules	12/15
concealing prope \$250,000, or impr	erty, or obtaining	money or property by	chedules or amended schedule y fraud in connection with a ba 18 U.S.C. §§ 152, 1341, 1519, a	nkruptcy case can result in fines up to
	or agree to pay s	omeone who is NOT	an attorney to help you fill out	bankruptcy forms?
✓ No	or agree to pay s	omeone who is NOT	an attorney to help you fill out	hankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
☑ No ☐ Yes. N	ame of person			Attach Bankruptcy Petition Preparer's Notice,
✓ No Yes. N Under penalt true and corr	lame of person ty of perjury, I de rect.			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

MM / DD / YYYY

MM / DD / YYYY

Debtor 1	Nikki First Name	N. Middle Nam	e	Crosby Last Name			
Debtor 2							
(Spouse, if filing)	First Name	Middle Nam	е	Last Name			
United States Ba	nkruptcy Court fo	or the: SOUTHE	RN DIST	. OF MISSI	SSIPPI		
Case number						☐ Che	eck if this is an
(if known)						_	ended filing
Official Form	107						
Statement o	 f Financial	Affairs fo	r Indivi	duals Fi	ling for Bank	ruptcv	04/
Part 1: Giv	e Details Ab	out Your Mai	rital Stat	us and W	here You Lived	Before	
. What is your Married Not marri During the la	current marital ed st 3 years, have	status? you lived anyw	here other	r than where			
. What is your Married Not marri During the la	current marital ed st 3 years, have	status? you lived anyw	here other	r than where s. Do not inc Debtor 1	e you live now?		Dates Debtor 2 lived there
. What is your Married Not marrie During the la	current marital ed st 3 years, have	status? you lived anyw	here other ast 3 years Dates I	r than where s. Do not inc Debtor 1	e you live now? lude where you live r	now.	
. What is your Married Not marrie During the la No Yes. List Debtor 1:	current marital ed st 3 years, have all of the places	status? you lived anyw	here other ast 3 years Dates I lived th	r than where s. Do not inc Debtor 1 nere	e you live now? lude where you live r Debtor 2:	now.	lived there Same as Debte
. What is your Married Not marrie During the la No Yes. List Debtor 1:	current marital ed st 3 years, have all of the places	status? you lived anyw	here other ast 3 years Dates I lived th	r than where s. Do not inco Debtor 1 nere 2008	e you live now? lude where you live r Debtor 2:	now.	lived there Same as Debt
. What is your Married Not marrie During the la No Yes. List Debtor 1:	current marital ed st 3 years, have all of the places	status? you lived anyw	here other ast 3 years Dates I lived th	r than where s. Do not inc Debtor 1 nere	e you live now? lude where you live r Debtor 2: Same as De	now.	lived there Same as Debte
. What is your Married Not marrie During the la No Yes. List Debtor 1:	current marital ed st 3 years, have all of the places	status? you lived anyw you lived in the l	here other ast 3 years Dates I lived th	r than where s. Do not inco Debtor 1 nere 2008	e you live now? lude where you live r Debtor 2: Same as De	now.	lived there Same as Debt

Debtor 1	Nikki First Nar	N. ne Middle Nam	Crosby e Last Name	Case nur	mber (if known)	
Part 2	2: Expl	ain the Sources of	Your Income			
I. Did Fill	you have a	ny income from employ mount of income you red	ment or from operating a but the live and all bus to income that you receive together.	inesses, including par	t-time activities.	lendar years?
	No Yes. Fill in	the details.		·		
_			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
	-	he current year until or bankruptcy:	Wages, commissions, bonuses, tips	\$15,460.42	Wages, commissions, bonuses, tips	
			Operating a business		Operating a business	
or the l	last calenda	r year:	₩ Wages, commissions, bonuses, tips	\$16,409.00	Wages, commissions, bonuses, tips	
January	1 to Decem	ber 31, 2015) YYYY	Operating a business		Operating a business	
or the	calendar ye	ar before that:	Wages, commissions,	\$24,787.00	Wages, commissions,	
January	1 to Decem	ber 31, <u>2014</u>)	bonuses, tips Operating a business		bonuses, tips Operating a business	
Incl une and	lude income employment;	regardless of whether the and other public benefit	ing this year or the two previ at income is taxable. Example payments; pensions; rental ind u are in a joint case and you h	es of other income are come; interest; dividen	ds; money collected from la	wsuits; royalties;
		e and the gross income f	rom each source separately. I	Do not include income	that you listed in line 4.	
ш	No Yes. Fill in	the details.				
			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
	•	he current year until or bankruptcy:				
or the l	last calenda	ır year:	IRA CLOSED	\$5,327.00	_	
January	1 to Decem	ber 31, <u>2015</u>)				
	_	ar before that:	IRA WITHDRAWAL	\$17,577.00		
January	I TO Decem	ber 31, 2014)				

16-51284-KMS Dkt 4 Filed 07/29/16 Entered 07/29/16 13:59:43 Page 46 of 59

Deb	otor 1	Nikki	N.	Crosby	Case number (if known)
		First Name	Middle Name	Last Name	
P	art 3:	List Cer	rtain Payments You	Made Before You F	iled for Bankruptcy
6.	Are eith	er Debtor 1	's or Debtor 2's debts pr	imarily consumer debts	s?
	□ No.		Debtor 1 nor Debtor 2 ha by an individual primarily		ebts. Consumer debts are defined in 11 U.S.C. § 101(8) as household purpose."
		During th	e 90 days before you filed	for bankruptcy, did you	pay any creditor a total of \$6,425* or more?
		□ No. C	Go to line 7.		
		ш	total amount you paid tha	t creditor. Do not include	of \$6,425* or more in one or more payments and the expayments for domestic support obligations, such as anyments to an attorney for this bankruptcy case.
		* Subject	to adjustment on 4/01/19	and every 3 years after t	that for cases filed on or after the date of adjustment.
	√ Yes	. Debtor 1	or Debtor 2 or both have	e primarily consumer d	ebts.
		During th	e 90 days before you filed	l for bankruptcy, did you	pay any creditor a total of \$600 or more?
		☑ No. 0	Go to line 7.		
		_		ayments for domestic su	of \$600 or more and the total amount you paid that pport obligations, such as child support and alimony. is bankruptcy case.
7.	Insiders corporat agent, ir	include you tions of which ncluding one	ur relatives; any general pa ch you are an officer, direc	artners; relatives of any g tor, person in control, or	nent on a debt you owed anyone who was an insider? eneral partners; partnerships of which you are a general partner; owner of 20% or more of their voting securities; and any managing 1 U.S.C. § 101. Include payments for domestic support obligations
	✓ No ☐ Yes	. List all pa	yments to an insider.		
8.		l year befor ed an inside	•	cy, did you make any pa	ayments or transfer any property on account of a debt that
	Include	payments o	n debts guaranteed or cos	igned by an insider.	
	✓ No ☐ Yes	. List all pa	yments that benefited an i	nsider.	

16-51284-KMS Dkt 4 Filed 07/29/16 Entered 07/29/16 13:59:43 Page 47 of 59

Debtor 1	Nikki	N.	Crosby	Case number (if known)	
	First Name	Middle Name	Last Name	<u> </u>	
Dout 4	I dan tife a La	ual Aatiana Dana			
Part 4:	identify Le	gai Actions, Repo	ssessions, and Fo	oreciosures	
List al		luding personal injury		any lawsuit, court action, or administrative proions, divorces, collection suits, paternity actions, s	
☐ N	o es. Fill in the deta	ils.			
Case title		Nature of t	he case	Court or agency	Status of the case
Tower Lo	an of Laurel vs	Nikki Civil Judg	gment	Justice Court of Jones County MS	Pending
Crosby				Court Name	
					On appeal
Case numb	per Dkt 9229 Pa	go 92		Number Street	☑ Concluded
Oasc Halli	DKI 9229 F A	ge 32			Concluded
				City State ZIP Cod	<u>е</u>
Case title		Nature of t	ho caso	Court or agency	Status of the case
	Funding LLC Vs			Justice Court of Jones County MS	
Crosby	unung LLC VS	MIKKI CIVII JUQ	Jilletit	Court Name	Pending
Ciosby				Court Hamo	
				Number Street	U On appear
Case numb	per Dkt 9227 Pa	ge 262_			Goncluded
				City State ZIP Cod	e
				·	
seize	d, or levied?	ou filed for bankruptc		perty repossessed, foreclosed, garnished, atta	iched,
01.00.	· all that apply all a		•		
	o. Go to line 11. es. Fill in the infor	mation below.			
		•	tcy, did any creditor, ir ake a payment becaus	ncluding a bank or financial institution, set off a se you owed a debt?	any
☑ N	o es. Fill in the deta	ils.			
			y, was any of your pro todian, or another offic	operty in the possession of an assignee for the cial?	benefit of
☑ Y	o es				

Debt	or 1	Nikki	N.			osby	Case number (if k	(nown)	
		First Name	Mile	ddle Name	Las	t Name			
Pa	rt 5:	List Certa	in Gifts	and Co	ntribution	s			
13.	. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?								
	✓ No ☐ Yes	s. Fill in the de	tails for ea	nch gift.					
		2 years before charity?	you filed	for bankr	uptcy, did y	ou give ar	ny gifts or contributions with a tot	al value of more tha	nn \$600
	□ No ☑ Yes	s. Fill in the de	tails for ea	ach gift or o	contribution.				
		tributions to c ore than \$600	harities			Describe what you contributed Date you Value Tithing-cash contributed			Value
	i st's Ch ty's Name	nurch of Lau	rel			-		2016	\$1,400.00
1301	1 N 2nd	d Ave				_		2015	\$2,400.00
Numb	oer Str	eet							
Lau	ral			we a	20440	-			
<u>Lau</u> City	iei				19440 IP Code	-			
Bo	rt 6:	List Certa	in Loca	00					
						<i></i>			
		1 year before y isaster, or gar		or bankru	ptcy or sind	e you filed	d for bankruptcy, did you lose any	thing because of tr	ieft, fire,
	☑ No □ Yes	s. Fill in the de	tails.						
Pa	rt 7:	List Certa	in Payn	nents or	Transfers	6			
	anyone	you consulte	d about s	eeking ba	nkruptcy or	preparing	ne else acting on your behalf pay a bankruptcy petition? nseling agencies for services requir		
	□ No ☑ Yes	s. Fill in the de	tails.						
	id L.Lo	rd and Asso	ciates, P	.A.	-	on and val filing fee	ue of any property transferred	Date payment or transfer was made	Amount of payment
808	West F	Pine St			_				
Numb	oer Str	eet							
Hatt City	iesbur			9401 Code	-				
Email	or websi	te address			=				
Daras	· N \ N \ a \ N	lada tha Daymant	if Not Vo		_				

16-51284-KMS Dkt 4 Filed 07/29/16 Entered 07/29/16 13:59:43 Page 49 of 59

Debt	or 1	Nikki	N.	Crosby	Case number (if known)		
		First Name	Middle Name	Last Name			
		•		-	cting on your behalf pay or transfer any property to payments to your creditors?		
	Do not include any payment or transfer that you listed on line 16.						
	✓ No ☐ Yes	. Fill in the details.					
	therwise transfer any property to anyone, other than all affairs?						
Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.							
	☑ No □ Yes	. Fill in the details.					
				y, did you transfer any p d asset-protection devices	roperty to a self-settled trust or similar device of which		
	✓ No ☐ Yes	. Fill in the details.					
Pa	rt 8:	List Certain Fi	nancial Account	s, Instruments, Saf	e Deposit Boxes, and Storage Units		
		l year before you file closed, sold, move		were any financial accou	ints or instruments held in your name, or for your		
			•	er financial accounts; certi s, and other financial inst	ficates of deposit; shares in banks, credit unions, brokerage itutions.		
	✓ No ☐ Yes	. Fill in the details.					
	-	now have, or did yo urities, cash, or othe	•	r before you filed for ba	nkruptcy, any safe deposit box or other depository		
	✓ No ☐ Yes	. Fill in the details.					
22.		ou stored property in	n a storage unit or p	place other than your ho	me within 1 year before you filed for bankruptcy?		
	✓ No ☐ Yes	. Fill in the details.					
Pa	rt 9:	Identify Proper	rty You Hold or	Control for Someor	e Else		
23.	-	hold or control any in trust for someone		one else owns? Include	e any property you borrowed from, are storing for,		
	✓ No ☐ Yes	. Fill in the details.					

Deb	otor 1	Nikki	N.	Crosby	Case number (if known)				
		First Name	Middle Name	Last Name					
Pa	art 10:	Give Detai	ls About Enviro	onmental Information					
For	the pur	pose of Part 10,	the following defi	nitions apply:					
ł	hazardo	us or toxic subs	stance, wastes, or	material into the air, land,	lation concerning pollution, contamination, releases of soil, surface water, groundwater, or other medium, ostances, wastes, or material.				
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.								
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.								
Rep	ort all n	otices, releases	s, and proceedings	that you know about, rega	ardless of when they occurred.				
24.	Has an	y governmenta	unit notified you	that you may be liable or po	otentially liable under or in violation of an environmental				
	✓ No □ Ye	s. Fill in the deta	ails.						
25.	☑ No	-		of any release of hazardou	us material?				
26.	Have y orders		in any judicial or	administrative proceeding	under any environmental law? Include settlements and				
	✓ No □ Ye	s. Fill in the deta	ails.						
Pa	art 11:	Give Detai	Is About Your	Business or Connection	ons to Any Business				
27.	Within busine		you filed for bankr	uptcy, did you own a busir	ness or have any of the following connections to any				
		A member of a A partner in a An officer, dire	a limited liability con partnership ector, or managing e	l in a trade, profession, or othe pany (LLC) or limited liability executive of a corporation ing or equity securities of a corporation					
			ove applies. Go to apply above and fi	Part 12. Il in the details below for eac	h business.				
28.		-	you filed for bankr s, creditors, or oth		cial statement to anyone about your business? Include				
	□ No □ Ye	s. Fill in the deta	ails below.						

Debtor 1	Nikki	N.	Crosby	Case number (if known)
	First Name	Middle Name	Last Name	
Part 12	Sign Belov	v		
that answer	ers are true and only fraud in conne	correct. I understand	that making a false state	tachments, and I declare under penalty of perjury ement, concealing property, or obtaining money or es up to \$250,000, or imprisonment for up to 20 years,
X /s/ Nik	ki N. Crosby		x	
Nikki N	. Crosby, Debtor 1		Signature of Deb	tor 2
Date	07/29/2016		Date	
Did you at	tach additional p	ages to Your Stateme	nt of Financial Affairs fo	r Individuals Filing for Bankruptcy (Official Form 107)?
✓ No ☐ Yes				
Did you pa	ay or agree to pay	y someone who is not	an attorney to help you	fill out bankruptcy forms?
√ No				
	Name of person _			Attach the Bankruptcy Petition Preparer's Notice,
-	_			Declaration, and Signature (Official Form 119).

Fill in this inf	Fill in this information to identify your case:						
Debtor 1	Nikki First Name	N. Middle Name	Crosby Last Name				
Debtor 2 (Spouse, if filing)		Middle Name	Last Name				
United States Ba	nkruptcy Court f	or the: SOUTHERN D	IST. OF MISSISSIPPI				
Case number (if known)							

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.						
Identify the cre	editor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?			
Creditor's name:	Central Sunbelt Federal Credit Union	Surrender the property. Retain the property and redeem it.	□ No □ Yes			
Description of property securing debt:	2008 Saturn Vue	✓ Retain the property and enter into a Reaffirmation Agreement.✓ Retain the property and [explain]:				
Creditor's name:	Central Sunbelt Federal Credit Union	Surrender the property. Retain the property and redeem it.	□ No □ Yes			
Description of property securing debt:	Signature Ioan	Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:				
Creditor's name:	Tower Loan of Laurel	Surrender the property. Retain the property and redeem it.	□ No ☑ Yes			
Description of property	Personal property	Retain the property and enter into a Reaffirmation Agreement.				

securing debt:

Retain the property and [explain]:

Exempt and avoid

16-51284-KMS Dkt 4 Filed 07/29/16 Entered 07/29/16 13:59:43 Page 53 of 59

Debtor 1	Nikki	N.	Crosby	Case number (if known)
	First Name	Middle Name	Last Name	
Part 2:	List Your	Unexpired Person	al Property Leases	
fill in the i	information belov	v. Do not list real esta	te leases. Unexpired l	G: Executory Contracts and Unexpired Leases (Official Form 106G), eases are leases that are still in effect; the lease period has not ne trustee does not assume it. 11 U.S.C. § 365(p)(2).
Desc	ribe your unexpi	red personal property	leases	Will this lease be assumed?
None	е.			
Part 3:	Sign Belov	w		
		y, I declare that I have is subject to an unexp	•	about any property of my estate that secures a debt and
X /s/ Nik	kki N. Crosby		X	
Nikki N	I. Crosby, Debtor 1	1	Signature of De	ebtor 2
Date	07/29/2016	_	Date	
	MM / DD / YYYY		MM / DD) / YYYY

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
 Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liqudation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

ŀ	\$75	filing fee administrative fee trustee surcharge	
	\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test-*-deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

+		filing fee administrative fee
	\$1 717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee \$75 administrative fee

\$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee \$75 administrative fee \$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/Ban

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF MISSISSIPPI GULFPORT DIVISION

In re Nikki N. Crosby	Case No.	
	Chapter	7
DISCLOSURE OF COMPENSAT	ION OF ATTORNEY FOR	RDEBTOR
 Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), that compensation paid to me within one year before the filir services rendered or to be rendered on behalf of the debtor is as follows: 	ng of the petition in bankruptcy, or	agreed to be paid to me, for
For legal services, I have agreed to accept		\$600.00
Prior to the filing of this statement I have received		\$0.00
Balance Due		\$600.00
2. The source of the compensation paid to me was:		
✓ Debtor ☐ Other (specify)		
3. The source of compensation to be paid to me is:		
☐ Debtor ☑ Other (specify) Fees to be paid by	MCLS upon discharge.	
4. I have not agreed to share the above-disclosed comperassociates of my law firm.	nsation with any other person unle	ess they are members and
I have agreed to share the above-disclosed compensations associates of my law firm. A copy of the agreement, to compensation, is attached.		
5. In return for the above-disclosed fee, I have agreed to rende	er legal service for all aspects of the	ne bankruptcy case, including:
 a. Analysis of the debtor's financial situation, and rendering bankruptcy; 	advice to the debtor in determining	g whether to file a petition in
b. Preparation and filing of any petition, schedules, stateme	ents of affairs and plan which may	be required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of Debtor(s) in adversary proceedings.

Fees and costs associated with pre-filing Credit Counseling and post-filing Financial Managment courses.

Any Fees and costs associated with the avoidance of judgment liens.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/29/2016 /s/ David L. Lord

David L. Lord
David L.Lord and Associates, P.A.

808 West Pine St Hattiesburg, Ms 39401

Phone: (601) 583-6132 / Fax: (601) 582-5627

Bar No. 1427

/s/ Nikki N. Crosby
Nikki N. Crosby